MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/525796 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/		/				TOTAL IND.						
TOTAL DEP.	10		10				TOTAL DEP.						
TOTAL CLAIMS	11		11				TOTAL CLAIMS						